

Workgroup 3: Education

Proposed Recommendations

Topic 1: Early Childhood Intervention is school preparation program, not a medical rehabilitation program. Therapy is simply the tool to ensure that children with disabilities are as able as possible to attend and succeed in pre-kindergarten and kindergarten programs. Providers are responsible for Child Find via a mandate per the Individuals with Disabilities Education Act. Texas Education Agency (TEA) is ultimately responsible for oversight of the Child Find mandate.

1.A. Increase state level coordination between Early Childhood Intervention staff at the Health and Human Services Commission (HHSC) and Special Education staff at TEA, through legislation if necessary.

1.A.1. Align HHSC's Early Childhood Intervention eligibility and Child Find procedures and goals with TEA's Corrective Action Plan developed to address issues related to non-compliance with Individuals with Disabilities Education Act, as they are appropriate.

1.A.2. Leverage TEA Child Find funds to pursue new contracts Early Childhood Intervention contractors for evaluations, screening and assessments for local education agencies to meet 45 day mandates.

1.A.3. Consider alternative models of agency coordination between HHSC staff and TEA staff. Study potential transfer of Early Childhood Intervention contracting and management to TEA due to Child Find responsibility and current Individuals with Disabilities Education Act funding.

1.B. Increase community level coordination between Early Childhood Intervention providers and school districts in order to inform districts of the students' needs, provide student evaluations, and align school preparatory goals with Preschool Program for Children with Disabilities and prekindergarten goals.

1.C. Maintain current Early Childhood Intervention caseload and fund predicted case load growth.

1.C.1. Create a mechanism to predict and fund for case growth based on child need for services and not based only available funding.

Current program treats Early Childhood Intervention as a block grant but Early Childhood Intervention should be managed in a similar fashion to the state Medicaid expenses where eligible children receive the needed services, and then Texas requests supplemental funds for the Legislature in the next biennium to cover any shortfalls.

1.C.2. Increase state general revenue spending on Early Childhood Intervention in order leverage additional federal matching funds to expand services. *Current general revenue funding is minimal (\$3.8 million).*

1.D. Eligibility

1.D.1. Review current eligibility requirements to ensure that eligibility is determined by child need and not a capped budget amount.

1.E. Ensure a robust Early Childhood Intervention provider network.

1.E.1. Restore previous Medicaid therapy rate cuts.

1.E.2. Increase per child allotment to contractors to cover actual costs of services.

1.E.3. Allow reimbursement for providers to serve all children who are eligible for services. *In many instances providers are serving more people that they are getting reimbursed for as services for Early Childhood Intervention is mandated and most providers are reluctant to turn away children in need.*

1.E.4. Detach Early Childhood Intervention provider rates from Medicaid rate setting. Some suggestions include:

1.E.4.a. Consider reimbursement model based on insurance reimbursements (managed care organizations, waiver services equivalent, or private insurance)

1.E.4.b. Provide additional funds billable category for provider's staff dedicated specifically for "Child Find" and transition coordination for pre-kindergarten. Potential coordination opportunity with TEA child find mandates and potential to leverage additional Individuals with Disabilities Education Act funds.

1.E.4.c. Require health insurance plans to cover rehabilitative and habilitative services included in an individualized family service plan issued by an Early Childhood Intervention provider. (HB 2270, 82nd Legislature)

1.F. Provide guidance to parents/caregivers regarding opportunities to request additional therapies through their primary care or other health care providers in addition to services provided by Early Childhood Intervention.

Topic 2: Special Education

2.A. Appropriate funding necessary for children with disabilities to be assessed, identified and provided services and supports they need to receive an equal education. Any action plan developed by TEA should receive funding to necessary to reach plan goals.

2.B. Ensure full stakeholder involvement, including students, parents, and advocates, is a priority as TEA.

2.C. Direct TEA to establish a workgroup to develop guidance and criteria for selecting and using assessments, so that regardless of which school professional is conducting the assessment (Licensed Specialist in School Psychology or Diagnostician) the student is receiving the necessary mental health and classroom supports.

2.D. Provide districts with targeted guidance, technical assistance and resources to ensure students with Emotional Disturbance and English Language Learner are identified and provided appropriate services.

2.E. Require TEA to monitor implementation of English Language Learner/special education assessments/evaluations and services in school districts statewide within two years following USDE acceptance of the Texas Corrective Action Plan. Monitoring should be informed by previously cited federal regulations on disproportionality and disparities.

2.F. Create incentives for bilingual teachers to obtain certification in special education services.

Topic 3: Safe School Climate

3.A. Increase school/educator capacity to using evidence-based practices that foster safe school climates, mitigate the effects of trauma, and address mental health concerns that interfere with student learning.

3.A.1. Establish and fund a statewide technical assistance center to provide training and technical assistance to schools on using evidence-based practices that foster safe and supportive school climates, mitigate the effects of trauma, and address mental health concerns that interfere with student learning.

3.A.2. Require teachers and other school personnel to receive trauma-informed care training, specifically developed for use with children with Intellectual and Developmental Disabilities through Education Service Centers.

3.B. Reduce the use of seclusion and restraints in schools.

3.B.1. Assess and analyze data available on use of seclusion and restraint in schools. Collect data from schools on the use of "time outs" to ensure students are not being excluded under existing law. Determine whether TEA should collect more detailed data from schools on use of restraints, including the nature of restraints used, when they are used, and for what purpose.

3.B.2. Include definitions of "time outs" in laws and regulations related to seclusion and restraint.

3.B.3. Move language regarding seclusion and restraint within the Texas Education Code to from Chapter 37 (regarding student discipline) to Chapter 38 (regarding health and safety).

Topic 4: Mental Health Early Intervention/Suicide Prevention

4.A. Ensure that teachers, especially special education professionals, are trained to identify certain behavioral indicators of mental health issues among students with Intellectual and Developmental Disabilities so they can refer them to appropriate services.

4.A.1. Amend educator certification and professional development requirements to require (or authorize) training on identifying mental health, trauma, or suicide concerns in students with disabilities.

4.A.2. Direct TEA to collaborate with HHSC to develop guidance to districts on identifying mental health concerns in students enrolled in special education, including the use of mental health screenings and assessments, and providing services and supports to address those concerns as appropriate and needed.

4.B. Direct HHSC to develop and disseminate guidance to providers/professionals serving children/youth with Intellectual or Developmental Disabilities (including teachers) on best practices for supporting adolescents with developmental disabilities who are exhibiting suicidal behavior, including providing supplemental information for Mental Health First Aid trainings to addressing individuals with Intellectual or Developmental Disabilities.

4.C. Include goals and strategies related to individuals with intellectual or developmental disabilities within the Texas State Plan for Suicide Prevention.

Topic 5: Supporting Students with Disabilities in Transitioning to Higher Education

5.A. Direct the Texas Higher Education Coordinating Board to assist colleges and universities in enhancing their transition services for students with disabilities by providing information, resources on effective practices in supporting students with disabilities. (Potentially the agency's Division of College Readiness and Success, which houses similarly aligned efforts?)

5.B. Build upon House Bill 1807, 84th Legislature, which requires Texas Higher Education Coordinating Board to establish and maintain an inventory of all postsecondary educational programs and services provided for persons with intellectual and developmental disabilities on its website and submit the inventory to the TEA for inclusion in the Texas Transition and Employment Guide. See: Postsecondary programs and services for students with Intellectual and Developmental Disabilities.

5.C. Require institutes of higher education to provide on their websites information & resources directed to both parents and students with the aim of promoting the success of students with disabilities enrolled in higher education.

5.D. Establish a dual-credit course in the University Studies area designed to allow an opportunity for high school students with disabilities to learn more about college life and the skills needed for success in higher education, such as time management.

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